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COMPINE	D	Attorney Docket Number	er 2139-32U		
COMBINED DECLARATION FOR UTILITY OR DESIGN		First Named Inventor	Bernard	MASSIE et al.	
DECLARATION FOR UTIL	Complete if known				
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY		Application Number			
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	•	Filing Date			
n Declaration OR 🖾 _	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Group Art Unit			
Submitted with		Examiner Name			
As a below named inventor, I h My residence, mailing address an I believe that I am the original, fi inventor (if plural names are liste the invention entitled: LIGAND-PSEUDORECEPTOR	irst and sole inventor (if	matter which is claimed	d and for which	n original, first a th a patent is so	and joint ught on TERED
TROPISM					
the specification of which					
is attached hereto.					
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and was amended or	ewed and understand the	e contents of the aboverred to above.	re-identified s	pecification, incl	uding the
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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

application. U.S. Parent Applicat	ion or PCT Parent	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
Numi PCT/CA200		10/22/2004	
		ers are listed on a supplemental priority of	data sheet PTO/SB/02B attached hereto:
Additional U.S. or PCT Int	ernational application frame		r(a) to prosecute this application
s a named inventor,	, I hereby appoint the	following registered practitione	r(s) to prosecute this application rewith:
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Page 2 of 3

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (10-00)

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

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ne of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor		
le of Additional State	nd middle [if any])	Family Name or Surname		
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ame of Additional Jo	int Inventor, if any:			
Given Name (first	t and middle [if any])	Family Name or Surname		
		O'CONNNOR-MCCOURT		
Ma	aureen	 Date		
ventor's Signature				
esidence: ity Beaconsfield	State Quebec	Country Canada Citizenship		
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	Province or State Quebec	Postal Code Or Zip H9W 1P2 Country CANADA		
City Beacsonsfield	01 01010			
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Name of Additional	Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor		
Name of Additional .	Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor Family Name or Surname		
Name of Additional Given Name (f	Joint Inventor, if any:			
Name of Additional . Given Name (f	Joint Inventor, if any:			
Given Name (f	Joint Inventor, if any: irst and middle [if any])	Family Name or Sumame Date		
Given Name (finventor's SignatureResidence:	Joint Inventor, if any: first and middle [if any]) State	Family Name or Surname		
Given Name (f Inventor's Signature Residence: City	irst and middle [if any])	Family Name or Sumame Date Date		
Given Name (finventor's SignatureResidence:	irst and middle [if any])	Family Name or Surname Date Country Citizenship		
Given Name (f Inventor's Signature Residence: City	irst and middle [if any]) State Province	Family Name or Sumame Date Date		
Given Name (f Inventor's Signature Residence: City	irst and middle [if any]) State	Family Name or Sumame Date Country Citizenship Postal Code		

PCT/CA2004/001794

International Depositary Authority of Canada National Microbiology Laboratory, Health Canada 1015 Arlington Street

Tel: (204) 789-2070 Fax:(204) 789-2097

Winnipeg, Manitoba Canada R3E 3R2

International Form IDAC/BP/9

Statement of Viability 1/1

STATEMENT OF VIABILITY

(Issued pursuant to Rule 10.2 of the Budapest Treaty Regulations)

Party to Whom the Viability Statement is Issued
Name: Christian Cawthorn Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3
Depositor NRC
Name: NRC Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec
H4P 2R2
time of the Deposit
Accession Number given by the International Depository Authority: 211004-01
Accession Number giver by the three states and the control of the original deposit (or most recent relevant date): October 21, 2004
Date of the original deposit (or most recent relevant days)
Viability Test
Viability Test Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004
On the date indicated above, the culture was:
viable
□ no longer viable
Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative):
Signature of person(s) authorized to represent IDAC
Date: November 26, 2004 File 065 (04)

PCT/CA2004/001794

International Depositary Authority of Canada National Microbiology Laboratory, Health Canada 1015 Arlington Street

Tel: (204) 789-2070 Fax:(204) 789-2097

Winnipeg, Manitoba Canada R3E 3R2

International Form IDAC/BP/9

STATEMENT OF VIABILITY

(Issued pursuant to Rule 10.2 of the Budapest Treaty Regulations)

Party to Whom the Viability Statement is Issued
Name: Christian Cawthorn
Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3
Depositor
Name: NRC
Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec
H4P 2R2
Identification of the Deposit
Accession Number given by the International Depository Authority:211004-02
Date of the original deposit (or most recent relevant date): October 21, 2004
Viability Test
Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004
On the date indicated above, the culture was:
viable
□ no longer viable
Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative)
Signature of person(s) authorized to represent IDAC
Date: November 26, 2004
File 603 (04)
Statement of Viability 1/1

International Depositary Authority of Canada National Microbiology Laboratory, Health Canada 1015 Arlington Street Winnipeg, Manitoba Canada R3E 3R2

Tel: (204) 789-2070 Fax:(204) 789-2097

International Form IDAC/BP/9

STATEMENT OF VIABILITY

(Issued pursuant to Rule 10.2 of the Budapest Treaty Regulations)

Party to Whom the Viability Statement is Issued
Name: Christian Cawthorn
Address: 1981, avenue McGill College, Bureau 1600, Montreal, PQ, Canada H3A 2Y3
Depositor
Name: NRC
Address: Biotechnology Research Institute, 6100 Av Royalmount, Montreal, Quebec
H4P 2R2
Identification of the Deposit
Accession Number given by the International Depository Authority:211004-03
Date of the original deposit (or most recent relevant date): October 21, 2004
Viability Test
Viability of the deposit identified above was tested on (most recent date): Nov. 26, 2004
On the date indicated above, the culture was:
viable
□ no longer viable
Conditions under which the Viability Test were performed (to be filled in if the information has been requested and the results of the test were negative):
Signature of person(s) authorized to represent IDAC
1.45 Date: November 26, 2004
Statement of Viability 1/1